

CLAIMS ONLY							Application Number <div style="font-size: 1.5em; font-family: cursive;">10/071040</div>		Filing Date			
							Applicant(s)					
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
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44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep							Total					
Total Depend							Total					
Total Claims	10						Total					

Applicant(s)

Filing Date

10/011040

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
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Total Indep	1					
Total Depend	9					
Total Claims	10					

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						